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THE PSYCHIATRIST AS A CONSULTANT TO THE SCHOOL.

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ALTHOUGH A MAJOR ROLE IN THE SCHOOL SETTING EXISTS FOR THE PSYCHIATRIST, HE HAS NOT FULLY EXPLOITED THAT ROLE. THE PSYCHIATRIST COULD CONTRIBUTE HIS SKILLS IN SEVERAL SETTINGS. IN THE SCHOOL HEALTH PROGRAM, HIS CLINICAL KNOWLEDGE COULD AID IN THE ASSESSMENT OF TENSION AND STRESS PROBLEMS. IN THE PUPIL PERSONNEL DEPARTMENT, THE PSYCHIATRIST COULD OFFER PROBLEM-CENTERED CONSULTATION. IN THE SPECIAL EDUCATION PROGRAM, HE COULD OFFER DIRECT PSYCHIATRIC CONSULTATION. IN CHILD STUDY, HE COULD FUNCTION AS A MEMBER OF AN INTERDISCIPLINARY TEAM TO CONDUCT PSYCHOLOGICAL STUDIES IN DEPTH. HE COULD AID IN THE DEVELOPMENT OF RESEARCH PROGRAMS, PROVIDE CLINICAL SERVICES, AND SERVE AS A CONSULTANT TO THE TEACHER. TWO IMPORTANT CONSIDERATIONS SHAPING THE ROLE OF THE PSYCHIATRIC CONSULTANT ARE HIS ROLE AS IMAGINED BY HIMSELF AND HIS ROLE AS SEEN BY THE SCHOOL PERSONNEL. THE PSYCHIATRIST TENDS TO VISUALIZE HIS ROLE IN TERMS OF A NUMBER OF SERVICES, WHILE THE SCHOOL SYSTEM TENDS TO SEE HIM AS AN OUTSIDER, ONE WHO IS NOT A PART OF THE TOTAL SCHOOL SITUATION. THE PSYCHIATRIST CAN MODIFY THIS BY THE PROCESS OF "ROLE EVOLUTION." THIS DOCUMENT IS ALSO AVAILABLE FROM THE AMERICAN PSYCHIATRIC ASSOCIATION, PUBLICATIONS OFFICE, 1700 18TH STREET, N.W., WASHINGTON, D.C. 20009, FOR $0.50. (PS)

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THE PSYCHIATRIST AS A CONSULTANT TO THE SCHOOL*

The Reason

Like an illness that incubates slowly and then becomes suddenly clinically flamboyant, the problem of school drop-outs, a serious concern for many years though gaining gradual numerical momentum, has suddenly become today's educational crisis. In a manner characteristic of crises, anxieties are aroused, etiologies are sought, partial solutions are proposed and denied, and even magical cures become the order of the day.

Public concern about school drop-outs however, merely reflects a series of anxiety-provoking situations that are common to school settings. Tomorrow's worry may revert to something more related to the learning situation. Such anxieties may be as chronic as the decision to pass any one pupil to another grade. Occasionally they may be acute, as in the reaction of the public with the sudden burst of concern about the supposed advantages of the Russian educational system. They may involve highly specific problems peculiar to the school setting, namely, the manner of teaching a subject as opposed to the content which is to be taught. They may, however, be more general. From the largest to the smallest of our public school systems, bureaucratic operations exist that are no different from those of industry. The specialist in industrial relations finds every parallel in the activities of the educational bureaucratic and hierarchic structure.

Uniquely, because of the job, there are a great many problems directly concerned with the authority problem of adults over children. Lumping these latter together in terms of pupil personnel, it is apparent that not only is this a special problem of education, but one which, despite the long history of educational techniques, still lacks a solution which will satisfy a variety of critics.

It is not surprising that such critical situations produce anxiety. The anxiety may be that of the school superintendent who is concerned about the pressure of the community, the reaction of his board, and the counter-pressures of his teachers in trying to solve a problem such as school drop-outs. Of equal importance is the anxiety of any one teacher who is trying to control a class of children and finds herself baffled by the range of behaviors of the various children and her own internal concerns in meeting such behavior.

Various professions and disciplines over the years have attempted to assist the school in meeting some of these critical areas. School health operations have been in existence for a long period of time. Many modifications of educational procedures have come about by the joint working together of the health and the teaching professions. During the past century there has been a particular use within the educational setting of all the knowledge that has come from the general field of psychology and its application through psychiatry. Whenever the use of any teaching method or procedure concerning school operation arouses anxiety, there is a particularly advantageous field for the psychiatrist. It is not surprising, therefore, that the psychiatrist may find himself called upon to do certain tasks in a school setting which are anxiety-reducing.

There are two major obstructions to a psychiatrist taking such a role. One of them has to do with the willingness of a school to accept a person coming from the discipline of psychiatry as suitable to deal with the variety of situations already described. The other has to do with the inability of the psychiatrist to see his own role in the school setting. He may find it hard to prepare himself for the particular task of working with a profession outside of his own or to find the best mode of entry into such an unfamiliar situation.

If, however, it is a part of the psychiatrist's normal task to relieve anxiety, to interpret behavior, to help people understand the dynamically complex jobs that they are doing, then it is particularly pertinent that he be able to associate himself with a school situation. Not only are there problems of individuals working together in a human relations setting that is particularly prone to difficulty, but more importantly the school is an agency which affects the entire population and therefore opens up possibilities for preventive work not found in any other area of our society.

At the present time the well-trained psychiatrist has the tools to work in this educational setting. As will be described below, he is uniquely constituted to carry out the therapeutic and consultative jobs that are needed within the educational framework. To envision the job and to find a point of entry, however, is often not as easy as carrying out the operation.

Let us suppose that a harried school administrator asks the advice of a previously uninvolved psychiatrist for assistance in understanding his own

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school system's efforts to meet the problem of school drop-outs. One can envision such a psychiatrist approaching the problem from a variety of points of view, all of which would relate to his own personal experiences and capacities. He might easily fall into the trap of looking at each individual child who has been dismissed from the school for a period of time. (In fact this might be advocated by the school administrator.) He might quickly draw generalizations relative to the intellectual and emotional capacities of such individual children.

With somewhat more experience he might be intrigued by the social structure of any one school and the fact that children in this particular area were experiencing more drop-outs than in any other school in the system. Such an approach might bear considerable fruit if the generalizations could be properly employed.

Had he some experience in industrial settings, he might be much more concerned with the capacities attitudes, and organization of the school personnel in relationship to the presenting problem. Neglecting the children, he might attack the social structure of the school system as a means of understanding why it is that children no longer wish to remain within it.

In all of these approaches he might overlook a most critical factor, namely that of assisting the administrator himself, whose technical competency in dealing with his own system might be quite adequate under ordinary circumstances but who feels buffeted and overly challenged by the crisis that has arisen within his domain. The fact that the psychiatrist would, in his own practice, approach such an individual by getting at the root of the anxiety rather than becoming enmeshed in the attendant circumstances, might not occur to him in working within a profession which is somewhat outside his ken.

While all of these approaches are valid and all of them call on the normal tools and experiences in operation of the psychiatrist, they do pose difficulties as noted. The material to follow is planned to describe the commonly employed roles that are offered to and expected of a psychiatric consultant to a school system. It is designed to offer guidelines to a most challenging aspect of present-day psychiatry. It is inevitable that with the pressure to take psychiatry out into the community and to bring a knowledge of psychiatry to bear on general problems of human behavior, there will be pressure on psychiatrists to accept functions within this important area, the school. Because of the number of people involved, special techniques are important, and a critical application of a broad judgment is essential.

The People and Their Problems

Since American tradition places our schools under local school boards, each system is quite different in organization and program and it is impossible to make generalizations that would fit all school systems. Some local school jurisdictions completely ignore or deny the existence of mental health problems in their children and consider their mission quite separate from mental health and especially from the field of psychiatry. On the other hand, there are school systems which are highly sensitive to the health and social problems of their pupils and consider their solution or amelioration highly related to the task of educating a useful member of society. Some of the largest psychiatric child guidance clinics of the country are now operated under school board auspices.

The fact that a large number of schools operate child study units, psychological clinics, school social casework, special classes, guidance counseling, and mental health units in their school health programs, attests to the growing acceptance that schools must deal with the "whole child" and that an attempt should be made to give every child an education that befits his individual potential, even if he is handicapped by mental retardation or emotional illness. In their ultimate goals, education and mental health both seek the maximum development of the potential of each individual.

A particular challenge to a school may be the child who cannot read. Educational theorists have foundered on this problem because there seems to be something intrinsic in the child that resists learning. For years psychiatrists have been aware of and helpful in solving the emotional blocks that hinder such progress. More recently the enhanced knowledge of visual perceptive disorders has offered a further tool. Such a tool can be applied to assist an individual or to screen a class. Such knowledge, however, is worthless if the psychiatrist does not know where to fit it into a school system.

How then can behavioral understandings most crucially be applied through consultation in a school system? Where do psychiatrists find an opportunity to contribute their skills? A quick overview of the average complete school program would pinpoint the following possible areas of work for a psychiatric consultant: the school health program; the pupil personnel department (school psychologists, social workers, guidance counsellors); the special education programs (for the physically handicapped, the mentally and emotionally disturbed including the mentally retarded, etc.); the child study unit; and the research section. More specific direct services can be offered in the teacher health program; in work with the instructional staff on classroom-behavior management; and finally in consulting with the school administration (on problems of personnel management, staff relations, and policy development). In each of these settings psychiatrists can and do contribute. The sections that follow attempt to outline these settings and the kinds of consultation utilized.

(a) <u>The School Health Program:</u> Here the psychiatrist's clinical knowledge can help the general physicians and nurses assess the large number of tension and stress problems they see daily. School is one of life's major challenges, a "must" beset with pressures, demands, expectations, and failures. These problems come to the school health unit hidden behind stomachaches, headaches, fatigue reactions, nervous

symptoms and frank anxiety attacks. Most school principals and nurses are not equipped to manage some of these problems and will gratefully use the counsel, training, emotional support, planning help and referral resources a psychiatric consultant can provide. This is mainly clinical consultation.

(b) The Pupil Personnel Department: In most school systems the largest concentration of mental health trained personnel are placed in this unit. The balance of power functions and the numbers of psychologists, social workers, visiting teachers, attendance workers, guidance counsellors, remedial therapists, and others on such staffs vary widely from system to system. Some school boards hire only one kind of pupil personnel worker, while a few have developed collaborative teams of these specialists with certain roles in common, as well as unique role functions. A psychiatric consultant asked to serve such a group will need to carefully diagnose the operational patterns of this staff, since their roles may vary widely from stereotyped concepts of each discipline's function. There is usually wisdom in this variation.

Since each profession present has its various grades or workers (certified, master's degree and doctoral levels) and since natural capacities to relate to parents, teachers and children often exist without relation to training, the roles assigned and accepted may show marked variation from the usual hospital and clinic functions of these same disciplines. In many school systems the pupil personnel staff is headed by an educator and important roles may be given to personnel who have had teaching experience. This is because of the high value educators place on having had the "reality-pegging" experience of being responsible for the learning progress and behavior of a classroom group. Many school systems feel that this classroom experience is as basic to educational work as an internship is to medical practice. Whatever roles they may perform, the pupil personnel staff all encounter difficult assessment, diagnostic, interpretative, and inter-personal problems. Many of them are ready to use problem-centered consultation from a psychiatrist who is capable of translating his clinical understandings derived from work with both milder and more severe problems of childhood into pragmatic help in dealing with these children.

(c) The Special Education Program: Although various school boards organize them differently, most school programs provide a number of special education opportunities. These will include provisions for tutoring, remedial reading, speech therapy and resource rooms to special classes; special schools, hospital or homebound teaching; as well as camps, special summer programs or reduced time programs for children with assorted mental or physical disabilities. The staff operating these programs must not only deal with the emotional and social aspects of physical handicapping but also with the special programs devised for the trainable retarded, the educable retarded, and the emotionaly handicapped children. The children are frequently grouped into helping classes of 16 - 20 pupils or special classes of 4 - 10. They may be managed in a regular class with special assistance for the teacher. In addition, the school frequently has individual and group contacts with the parents of these children where family interactions and attitudes must be managed wisely if results are to be realized in school.

Each of these school staff members is confronted with sometimes quite difficult decisions and problems regarding screening, diagnosis, proper placement and grouping of students, routine assessments, evaluation of program and the task of interpretation to parents or other staff. Here is a prime field for direct psychiatric consultation.

(d) Child Study: Most of the larger school systems have developed centralized units to conduct psychological studies in depth. These operate under such names as the child study unit, the psycho-educational clinic, or the child guidance service or clinic. In these settings the psychiatrist usually functions as a member of an interdisciplinary team. In the more fully developed units, the psychiatrist is asked to provide diagnostic, treatment, supervisory and staff training consultation, and planning functions similar to those performed by a psychiatrist in a child guidance clinic.

(e) Research: Less frequently, but increasing over the last few years, school systems and university laboratory or demonstration schools have developed research programs utilizing psychiatric participation and consultation. Psychiatrists working in those settings may serve as assessors of the change of certain dependent variables and observers and interpreters of various dynamic processes. Occasionally they may become part of the intervention. Those with research experience often share in the preparation of design and sample selection, as well as the tool validation and reliability testing phases of the research.

(f) Staff Services: Certain school systems utilize some of the psychiatric services available to them to provide clinical services to their staffs, not only as a part of the personnel services of the organization but also as an additional safeguard of the general mental health of classroom groups. Job entrance appraisals, selection for promotion and leadership, assistance to individuals and checking suitability for duty are some of the functions requested of the psychiatrist. Some sophisticated systems utilize a panel of psychiatric consultants which its staff can use in anonymity as part of an employee health service. This health benefit is sometimes covered by insurance. Functions here resemble private practice.

(g) The Psychiatrist as Consultant to the Teacher: This particular work of the psychiatrist in the school needs separate emphasis. Specific modes of consultant functioning in this area have recently received more complete delineation in the literature. Harried by her normal duties any teacher may show excesses of anxiety and deterioration of her teaching methods. More seriously, certain teachers develop severe pathology in the course of a career. Detection of the latter with advice to administration is one thing. The preventive aspect of assisting the overworked but otherwise normal teacher is equally important. Any

teacher may have specific blocks. One may work well with withdrawn children and alienate the more dramatic acting-outers. Another may well respond to the challenge of the noisy behavior problems and ignore the quiet ones who need support.

Successful consultation to the teacher must move beyond describing the child's needs and the meanings of his behavior. Not until it moves into the realm of helping the teacher with her hour-by-hour classroom management of the child does it really become practical for her. Even children under therapy or case work management still come to school and must be dealt with constructively in the class.

Most important is the consideration that the recommendation to the teacher must be translated into and communicated in her language. The intervention suggested must be in terms of the average expectable armentarium of the classroom teacher. It is most important that the psychiatrist learn the standard behavior management tools of the classroom teacher so he can talk her language. This can often be learned by the psychiatrist working jointly for a while with an instructional supervisor as his co-consultant. In such a cooperative activity the psychiatrist would expose the dynamics and outline the psychological experiences fht ehild needs while the educational co-consultant would translate the recommendations into classroom practice.

As an alternative, the psychiatrist can teach himself through a planned program of observation. Since consultation to any nonpsychiatric setting requires that the consultant first study the setting thoroughly, he can ask for an orientation experience before he begins work. By observing classes, not to spot mistakes teachers make, but to list and categorize types of teacher behavior management tools, he can soon build up an image of what teachers can and cannot do. He can watch for the teacher's emotional climate setting methods, her use of anticipatory guidance, her methods of social management and her redirection of poor behaviors as well as the various ways she employs to meet children's emotional needs indirectly through activities with peers and through personally giving direct emotional support.

Psychiatrists doing such teacher consultation frequently are called upon to serve as group consultants or educators. Some have found it wise to use a worked-through case instance as a springboard for discussing with the teachers the children who are not yet therapeutic problems but who are showing early signs—the pre-cases. Such discussions often move into the topic of preventive management lest these children become candidates for individual help. In summary, consultation provides a method to sharpen the teacher's capacity to discriminate the importance of various psychological manifestations in children. With such knowledgeable awareness a teacher can participate in an effective kind of early prevention.

The Approach and the Obstacles

Of the many considerations that shape the role of the psychiatrist as a consultant to schools, two are outstanding. One is the role as seen or imagined by the psychiatrist himself. The second is that same role as seen by the eyes of school personnel.

A. As he sees his own role, the psychiatrist tends to visualize it in terms of a number of helping services. Some of these are modified by his anxiety at going into a new situation; others are shaped to avoid this anxiety. It is one thing to talk about the school as seeing the psychiatrist in the status position; it is equally important to see that the psychiatrist frequently visualizes himself in this status position. This is true whether he has had experience or not. In fact, there are those psychiatrists who go into the role of school consultant without any experience, yet expect to have a considerably high status position because of various things which they feel they can offer to the school.

It is obvious, however, that the fact of experience strongly shapes the role which the psychiatrist takes. Not only does it have a humbling effect on his capacity and abilities: it also modifies the position which he takes in relation to the school authorities as well as to those in a lower status. Thus, the psychiatrist can come to the school as a physician, lacking the organic capacity of some of his medical peers, but expecting to offer wise advice and consultation service in a multitude of fields.

The simple roles of the physician seem most obvious to the one without experience. He can heal, cure, diagnose and solve all of the many problems that present themselves to the teacher in her handling of the class. He feels himself as a particularly important person in the area of relations. He can clarify the dynamics of the classroom and can make understandable the conflict of the various anxieties that exist between pupil and teacher.

Having felt that he has done such things, he is in a position to expand to a variety of general problems. He sees himself as concerned with the morale of teachers. Because he feels he can solve such problems as teacher-pupil relations, general school morale, and the maintenance of a high level of teaching function, he sees himself as important in the communication aspects of the teaching process. For these reasons, it seems obvious that he should have something to do with policy making in the school system. It is a very simple step from those aspects of consultation that have to do with the understanding of communication and pupil anxiety to that of coordination and policy setting at the administrative level. Since he has sought out the anxieties of the pupil relation to the teacher and those of the teacher in relationship to her whole class, it becomes simple to search out the anxieties of the administrator in relationship to his teaching colleagues. Having done so, he feels that it is possible to affect the timing of various actions in the administrative sphere as well as those that occur in the classroom and in the teaching activity.

The simple concept that the psychiatrist might very well work with other personnel concerned with

advising, helping and assisting, is not always as easy in practice. It is true that the psychiatrist may serve few or many in a school system. He may be uniquely concerned with the supervision and/or treatment of an individual teacher. But we have suggested that he may be expected to work with counsellors, principals, and other administrative heads as well as the teachers. Working with health personnel is an extremely appropriate role and some psychiatrists may choose this as a major medium. Other psychiatrists may spurn the health personnel. They feel that the latter are ignorant, ill-advised, and not sophisticated enough to utilize their special talents. Such psychiatrists would prefer to be a therapist without portfolio but also would not wish to admit that they are doing therapy. (In fact, the whole role of consultation suggests that they are not therapists. They must be carefully schooled to avoid this type of concept.)

B. How, on the other hand does the teacher or the school system see such a consultant? In the first place, the psychiatrist is an outsider. To some extent, outsiders are held in a rather special kind of awe. In another fashion, they are totally rejected. Psychiatrists are most commonly seen to be of importance to the school personnel because of the help that they might offer. They are thought to be the solver of those problems which are most bothersome to the teacher. Yet they are not a part of the ongoing and total school situation. The structure of schools includes a sense of being an in-group which protects itself against all of the onslaughts of society on the outside.

Those things which are turned over to outsiders are generally the rejects of the school system. Thus the status of the psychiatrist varies considerably within the mind of any individual teacher who is using him as a consultant. The teacher or administrator may expect the psychiatrist to be a solver of problems. However, they, like all other people in our society, expect psychiatrists to solve the problems of others. In a school system, the "other" is the pupil. It is the child in all instances who is wrong and therefore it is the child that must be solved. The school cannot be wrong; the teacher cannot be wrong; the administrator cannot be wrong. Thus the psychiatrist becomes of importance as he is able to meet the problem which the teacher poses, namely, "What should I do about Johnny?"

In taking such a role, the question comes up very quickly as to whether the psychiatrist is better than any other professional who counsels. In some respects, he might be worse. By his own title and by the status of physician, he has a higher level of respect due him than do other counselling personnel. The teacher turned counsellor is only a shade above the teacher herself. The psychologist, especially if he is labeled as an educational psychologist, has not much greater status. The psychiatrist therefore carries not only the advantage of status but also the burden of such status. It is much easier to turn to a psychologist because he can be more quickly reduced to size. What is more, the psychologist is less likely to probe the teacher and make something out of the interpersonal conflict between teacher and pupil than is the psychiatrist.

In general, the psychiatrist is not as easily dealt with as are these other counselling personnel whose own activities and status come closer to that of the teacher herself. The teacher by and large feels that no help is needed with normal children. If there is, they only fit into the classifications, categories, and statistics of the educational psychologist. It is therefore apparent that as seen by the school, the psychiatrist lacks much of the luster that he sees in his own mirror and also may not be as useful or useable an individual.

How then does the psychiatrist best operate to modify these conceptions and perform a useful service. Studies in the field of consultation have demonstrated the process of "role evolution." This may perhaps best be seen in delineating the picture of the psychiatrist as a consultant to a school administrator. With the usual high status and extensive training of a psychiatrist, it might be expected he would quickly be accepted into the inner office of the superintendent to give counsel on those matters of policy and practice that would affect the emotional well-being of all the children. Observations in the field indicate this rarely happens as the opening gambit. Instead, this high opportunity seems to come step-by-step through a process of role evolution.

Like a stranger coming to live in a foreign country, a psychiatrist coming to work in a school system usually meets with initial hospitality, enthusiastic over-use, and high expectations. Later there may appear disappointment reactions as his limits become apparent. At times, his presence provokes fear of his being used to "weed out" the weak people. There are usually misconceptions about his words, his roles and his process as well as stereotyped attitudes to correct.

Frequently he is first perceived as an omnipotent clinician and will receive referrals of the most severe problem cases that have accumulated in the system over the years. Many of the first referrals will be total transfers of responsibility (dumping) as the schools seek to rid themselves of problems and unload them on the new specialist. The predictable occurrence of this phenomenon is an indication that this problem should be anticipated and should be carefully discussed with the administration ahead of time. Sometimes these problems can be minimized by careful interpretation of the psychiatrist and his role to the staff, initially and continually.

As stereotyped concepts give way to reality and as the denouement of his magic omnipotence takes place, a phase of "testing" often appears. Through difficult referrals and other devices, the school staff tests: "Is the psychiatrist 'fer us' or 'agin us'?" "Is he an outsider or one of the faculty,—a critic or a builder?" "Does he use his knowledge to show us we know nothing about children or does he recognize that we know something about children, too?"

As the psychiatrist passes these "tests" and demonstrates that he can identify with the educators' mission, new opportunities are opened up to him. From a consultant in clinical matters regarding pupils and staff, he may be asked to counsel with parents, or to consult with a teacher on general classroom behavior management. He may move on to sharing in the inservice training of teachers or pupil personnel staff; to participation in a study group; or sharing in a curriculum committee's work. As he becomes "safer" and more identified with educators, he may be asked by the principal or some central staff person to work closely with them. As these extensions of trust are fulfilled (and if the superintendent is secure enough), psychiatrists have been asked to become direct consultants to the central staff and the superintendent. This is the sequence of roles and processes which has been called "the role evolution process." Recognition of the needs and dynamics that create this phenomenon will help the psychiatric consultant expedite this process.

Psychiatrists who come to serve the principal or the superintendent as a more or less personal consultant, will frequently be asked to give counsel on difficult staff relationship problems or asked to suggest ways to understand and cope with fanatics, professional critics, or with parents who harass the faculty. Frequently these parents will be found to be working out their unresolved childhood hostilities or projecting their guilt onto their children or the school. These clinically related needs are usually augmented by the school leader's desire to understand his own role and feelings as he tries to cope with the stresses of his job. After the psychiatrist-administrator relationship has matured into considerable trust, the consultant may be presented with bids to help and advise on school system or community-wide social psychiatry problems. Information and guidance may be requested on ways to build staff morale or ways to redirect parent and citizen hostilities and fears into constructive support. The psychiatrist may be asked to examine school policies to help in setting up "exception mechanisms" so that they have a less deleterious impact on certain individuals. At this stage of the game the consultant may find himself far from his usual clinical base and in need of a scholarly review of the social psychological research on administrative process. There is a considerable body of experience and wisdom available in various National Education Association yearbooks and the works of Educational Policies Commission, many of which reflect the counsel of national mental health consultation. Even in these matters of policy, the essence is in providing the understandings of personality dynamics and interpersonal processes that can humanize and mitigate policy when needed.

Summary

Our material has suggested that there is a major job for psychiatric consultation to schools. This job can be fulfilled in a variety of ways and the role of the psychiatrist in working with the school can be either singular or manifold. The fact that a psychiatrist is to be considered the person to do this job has been challenged. Other workers in the field of mental health have felt that they could express knowledge of the field as competently as can the psychiatrist. To answer these defensively is both invalid and unproductive. There are certain positive things which the psychiatrist has to offer that cannot be matched by any other discipline within the medical profession or any other profession in the general field of mental health.

First of all the psychiatrist has, by his medical training, a view-point which looks for causes. This enables him to look beyond the obvious symptoms and disorders for an over-all etiology, whether he is dealing with one child or an entire school system. Secondly, through his training there has been refined a clinical judgment embracing a wide knowledge of the activities of human beings and their operations in a variety of settings. The application of such clinical judgment makes his consultation both intensive and extensive. He is equipped by the ordinary tools of his practice to deal with the anxieties that arise either in the individual or in the total school situation. Third, he has a capacity to blend professional resources. As a practitioner in the art of consultation, he knows how to orchestrate the services of numerous individuals in the general field of mental health and is accustomed to utilizing their knowledge, their capacities, and their services. Finally, he has a broader knowledge of the developmental process than any of the other professions. In serving the school where much hinges around the changes and modifications of personality that occur with the passage of years, the psychiatrist is uniquely fitted as a physician to understand the manifold changes that occur in a child. He understands the relationship of physical growth to emotional changes and to the use of the intellect, in the process that leads to maturity.

It appears then, that the psychiatrist is a man equipped with tools who can be of prime service to the school. Not only is he a physician with the prestige that this job needs, but he is a citizen of the community who is not afraid of sickness. He has a knowledge of the range of human disability and great authority to call upon others. His usefulness needs only to be tested in the arena of educational activity.

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